

S/N: TBA

2/20/2004

Docket No.: OGA-211-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Kunio ANDO

Art Unit: TO BE ASSIGNED

Filed: February 20, 2004

Examiner: TO BE ASSIGNED

Docket No: OGA-211-USAP

Customer No: 28892

For: Imaging Device Assembly for Electronic Stereoscopic Endoscope System

UTILITY PATENT APPLICATION TRANSMITTAL

IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office  
2011 South Clark Place  
Customer Window, Mail Stop: PATENT APPLICATION  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, VA 22202

Sir:

This application is a:

X New Application.

\_\_\_ Continuation

\_\_\_ Divisional of U.S.P.T.O. Serial Number \_\_\_\_\_, filed

\_\_\_ Continuation in Part of U.S.P.T.O. Serial Number \_\_\_\_\_, filed \_\_\_\_\_.

The undersigned has been authorized by the Applicant(s),

Kunio ANDO

FOR: Imaging Device Assembly for Electronic Stereoscopic Endoscope System

to file the attached specification and required drawings. Please assign a serial number and accord a filing date to this prospective application.

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Enclosed are:

19 pages of Specification,

2 pages of Claims,

1 page of an Abstract, and

3 sheets of Drawings. Total pages in the disclosure are 25.

X Return Receipt Postcard (MPEP 503).

X Application Data Sheet

X Newly executed, original Oath or Declaration with Power of Attorney

    Signed Statement deleting inventor(s) named in prior application.

    Applicant claims Small Entity status under 37 CFR §1.27.

X Assignment of the Invention and \$80.00.

    A certified copy of Priority Document.

    A Preliminary Amendment.

    Letter to the Official Draftsperson and amended drawing(s).

X An Information Disclosure Statement (IDS)/PTO Form 1449.

X The basic filing fee of \$770.00.

X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	3	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$43=	0.00	x \$86=	0.00
New Multiple Dependent Claims		-0-		x\$145=	0.00	x\$290=	0.00
And Claims Dependent Thereon		-0-		x\$145=	0.00	x\$290=	0.00
TOTAL ADDITIONAL FEE				0.00		0.00	

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X A check in the total amount of \$850.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



Ronald R. Snider  
Attorney of Record  
Registration No. 24,962

Date: February 20, 2004

Snider & Associates  
Ronald R. Snider  
P.O. Box 27613  
Washington, D.C. 20038-7613  
(202) 347-2600

RRS/jt